



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
ARIZONA NURSING ASSISTANT (NA) EXAMINATION APPLICATION (FORM 1101AZ)

INSTRUCTIONS: (Also see www.hdmaster.com)

- 1. DO NOT mail this NA Examination Application to the Arizona State Board of Nursing (AZBN).
2. Complete this NA Examination Application. Completed paper applications must be received at HEADMASTER 8 business days prior to the testing day excluding Saturdays, Sundays & Holidays or express charges will occur.
3. Send this completed application with payment to P.O. Box 6609-Helena, MT 59604-6609.
4. You must include proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program and proof of employment as a NA if your NA training was completed more than 2 years ago OR include a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO HEADMASTER. ****CANDIDATE PERSONAL CHECKS ARE NOT ACCEPTED****

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

- This application is filled out completely and signed where required.
Exam payment is included with the testing application.
I have attached proof of my 120 hours of NA training to this application OR included a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

CANDIDATE INFORMATION: (Form 1101) Print clearly (Use Ink) or Type (High volume users on-line registration is available at www.hdmaster.com)

Social Security No.: - - (Mandatory: Your Social Security number will only be shared with the Arizona State Board of Nursing)

Applicant's Name Last First MI Maiden/Former Name

Mailing Address (P.O. Box # -or- Street number and name, including Apartment # - if applicable)

City State Zip

Home Telephone Message/Work Phone

Birth Date (Month/Day/Year) / / (Mandatory) E-Mail Address: Providing your email address is your authorization for us to use it for test confirmation and results letters.

I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months OR I have completed an AZBN approved training program more than 2 years ago and have attached proof of employment to show that I have performed nursing assistant duties during every 24 month period since completing the training program OR I have attached a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

Program Code # Program Name (On Certificate) City

Date Completed Contact Person If facility is paying for your test, this section must be completed by Nursing Supervisor

Facility Name Phone

Address Contact Person

Signature of Nursing Supervisor Date

The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box.

- 5. I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation, rescheduling, or dispute fees incurred as described in the Arizona candidate handbook. I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. I also understand that if this is my first time testing that I must take both the knowledge and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the knowledge and skill test or for the portion of the test that I failed plus the fax fee (if applicable). PLEASE CALL 800-393-8664 IF YOU DO NOT RECEIVE AN E-MAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. ****NO PERSONAL CHECKS ACCEPTED.**** Complete paper applications must be received 8 business days prior to the testing day (excluding Saturdays, Sundays & Holidays) or I understand and agree that express charges will be applied per candidate.

Candidate Signature Date

Candidate MUST sign to verify acceptance (UNSIGNED APPLICATIONS WILL BE RETURNED)